STANDING COMMITTEE

ON

MEDICAL MANPOWER

ANNUAL REPORT
1986

Manitoba
Health Services
Commission

Manitoba

Health

Standing Committee on
Medical Manpower

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

April 1, 1987

The Honourable L. L. Desjardins
Minister of Health
7th Floor
175 Hargrave Street
Winnipeg, Manitoba
R3C 3R8

Dear Mr. Desjardins:

I have the honour to submit the annual report of the Standing Committee on Medical Manpower for 1986.

Two all day meetings of the full committee were held in Winnipeg during the year. Comprehensive minutes of these meetings are available should you wish to examine them.

Between general meetings, subcommittees performed the committee's functions and implemented its recommendations.

The committee wishes to express its appreciation to all those who helped with its work.

I wish to thank all members of the committee personally for their conscientious consideration of the issues addressed in this report.

Respectfully submitted,

J. C. Wilt, M.D.
Chairman
Standing Committee on Medical Manpower

/kb

Manitoba

Health

Standing Committee on
Medical Manpower

P.O. Box 925
599 Empress Street
Winnipeg, Manitoba, CANADA
R3C 2T6

April 1, 1987

The Honourable Jerry Storie
Minister of Education
168 Legislation Building
450 Broadway Avenue
Winnipeg, Manitoba
R3C 0V8

Dear Mr. Storie:

I have the honour to submit the annual report of the Standing Committee on Medical Manpower for 1986.

Two all day meetings of the full committee were held in Winnipeg during the year. Comprehensive minutes of these meetings are available should you wish to examine them.

Between general meetings, subcommittees performed the committee's functions and implemented its recommendations.

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INTRODUCTION

The Standing Committee on Medical Manpower, established in 1979, reports to the Ministers of Health and Education.

The committee conducts reviews, analyses and evaluations of all matters relating to the supply, category of practice and geographic distribution of physician manpower in Manitoba. Committee members represent the Manitoba Health Services Commission, the Department of Health, the Universities Grants Commission, the College of Physicians and Surgeons of Manitoba, the Manitoba Medical Association, the Faculty of Medicine, University of Manitoba, and other groups concerned with physician manpower.

Members report regularly to their organizations and relay to the committee the views of their colleagues.

Close, informal liaison is maintained with Mr. T. R. Edwards, C.A., Deputy Minister of Health and Executive Director of the Manitoba Health Services Commission.

MEMBERS:

G. Johnson, M.D.,	Chairman, Standing Committee on Medical Manpower (to December 12, 1986)
J. C. Wilt, M.D.	Interim Chairman, Standing Committee on Medical Manpower (from December 12, 1986)
M. J. Painchaud,	Executive Secretary, Standing Committee on Medical Manpower
R. A. Bailey, M.D.,	College of Physicians and Surgeons of Manitoba (to December 2, 1986)
K. M. Simpson, M.D.,	College of Physicians and Surgeons of Manitoba (from December 2, 1986)
L. Bellan, M.D.	Professional Association of Residents and Interns, Manitoba (PARIM) (to April 17, 1986)

F. Steinberg, M.D.,	Professional Association of Residents and Interns, Manitoba (PARIM) (from April 17, 1986)
R. J. Boyd, M.D.,	Manitoba Medical Association
G. Dow, M.D.,	Manitoba Medical Association
G. Gelowitz,	Manitoba Health Organizations, Inc.
H. J. Gilmour,	Manitoba Association of Urban Municipalities
A. Goldstein,	Universities Grants Commission
J. Neufeld,	Union of Manitoba Municipalities
D. Pascoe,	Director, Research and Planning, Manitoba Health
B. D. Postl, M.D.,	University of Manitoba
Mrs. D. Russell,	Director, Rural Facilities, Manitoba Health Services Commission (to October 17, 1986)
Mrs. V. MacKay	Director, Rural Facilities, Manitoba Health Services Commission (from December 22, 1986)
T. Williams, M.D.,	Laboratory and X-ray Services, Manitoba Health Services Commission
T. A. J. Cunnings, Ph.D	Advisor, Manitoba Health Services Commission (to August 29, 1986)

Dr. G. Johnson was appointed Lieutenant-Governor of Manitoba on December 12, 1986. Dr. Johnson became Chairman of the Standing Committee on Medical Manpower in December 1981 and his leadership stimulated the committee to look beyond its mandate to seek long-range solutions to problems that affect all Manitobans.

Dr. T. A. J. Cunnings retired on August 29, 1986. His services to the committee were invaluable because of his intimate knowledge of physician manpower issues.

MEETINGS:

During 1986 the Standing Committee on Medical Manpower held meetings as follows:

1. April 29, 1986 - Manitoba Health Services Commission
2. September 18, 1986 - Manitoba Health Services Commission

SUBCOMMITTEES:

Subcommittees met at frequent, but irregular intervals at the discretion of the Chairman. These are:

Liaison Subcommittee with the Faculty of Medicine, University of Manitoba

Subcommittee on Public Health

Subcommittee on Shared Services

Subcommittee on Placement

Subcommittee on Anesthesia

Subcommittee on Underserviced Area Program

Subcommittee on Criteria for Underserviced Areas

Subcommittee on Incentive Programs

Subcommittee on Radiological Services

Subcommittee on Pediatric Services

FUNCTION OF THE CHAIRMAN:

The chairman implements recommendations of the Standing Committee on Medical Manpower and its subcommittees on a continuing basis. The chairman and executive secretary maintain liaison with the following:

- The Manitoba Medical Association.
- Employment and Immigration Canada, which refers all requests for entry of foreign physicians to Manitoba for approval of the chairman.
- The College of Physicians and Surgeons, responsible for registration and licensure of physicians in Manitoba.
- The Committee on Post-Graduate Medical Education, Faculty of Medicine, University of Manitoba, concerning the rural residency incentive program.
- Department of Family Medicine, Faculty of Medicine, University of Manitoba, concerning the incentive programs for first and second year medical students and the post-graduate residency program for family physicians.
- Rural communities to determine local needs.
- Physicians in rural communities where additional manpower is required.
- Students showing interest in the incentive programs.

PHYSICIAN SUPPLY

National

The number of active physicians in Canada[1], excluding residents and interns, has increased 21.37 percent, from 36,444 (18,000 specialists, 18,444 general and family physicians) on December 31, 1979 to 44,230 (21,441 specialists, 22,789 general and family physicians) on December 31, 1985.

The ratio of physicians to population in Manitoba is shown in Table I.

TABLE I

Population per Active Civilian Physician, Canada, by Province[1]

	All Physicians Excluding Interns and Residents		All Physicians Including Interns and Residents	
	Dec. 31/85	Dec. 31/84	Dec. 31/85	Dec. 31/84
Newfoundland	738	725	596	590
Prince Edward Island	790	818	775	803
Nova Scotia	586	607	489	511
New Brunswick	820	830	753	765
Quebec	542	565	459	476
Ontario	562	583	469	485
Manitoba	**595**	**604**	**497**	**502**
Saskatchewan	729	745	628	647
Alberta	678	694	567	580
British Columbia	511	527	471	485
Yukon	811	735	811	735
Northwest Territories	1,273	1,329	1,273	1,329
Canada	577	596	491	506

[1]Health Information Division, Department of National Health and Welfare, Ottawa, Ontario - March 1986.

The foregoing figures are a less precise gauge of physician manpower than the Manitoba Health Services Commission Physicians Registry or the rolls of the licensing agent, the College of Physicians and Surgeons of Manitoba.

The Manitoba Health Services Commission funds 336.5 residents and interns. In addition, there are approximately 34 Fellows and residents externally funded. One hundred and fifty (150) of these residents are not included in the registration figures of the College of Physicians and Surgeons. Figures supplied by the College of Physicians and Surgeons include some retired and semi-retired physicians.

Manitoba

TABLE II

Number of Licensed Medical Practitioners in Manitoba[2]

Year	Winnipeg	%	Outside Winnipeg	%	Total	Net Gain or Loss
1976	1,237	74.5	423	25.5	1,660	+79
1977	1,264	74.9	424	25.1	1,688	+28
1978	1,263	74.9	424	25.1	1,687	- 1
1979	1,269	75.3	417	24.7	1,686	- 1
1980	1,276	75.3	419	24.7	1,695	+ 9
1981	1,323	76.1	416	23.9	1,739	+44
1982	1,379	75.9	437	24.1	1,816	+77
1983	1,424	77.3	419	22.7	1,843	+27
1984	1,476	76.8	445	23.2	1,921	+78
1985	1,520	77.2	449	22.8	1,969	+48
1986	1,577	77.8	449	22.2	2,026	+57

[2]College of Physicians and Surgeons, Manitoba, Vol. 22, No. 6, October 1986

Table II, shows that the number of physicians practicing in Manitoba increased by 57 in the past year and 366 in the past ten years. All the increase in the last year has occurred in the City of Winnipeg. Although the total number of physicians practicing outside Winnipeg has remained constant, there has been considerable turnover.

TABLE III

Distribution of Medical Practitioners by
Country of Qualification as of July 31, 1986[3]

Origin	Winnipeg	Brandon	Rural	Residency
TOTAL	1,577	103	346	169
(%) Manitoba	**56.9**	**36.9**	**45.1**	**61.0**
(%) Canada	13.0	11.7	7.5	28.4
(%) United Kingdom and Ireland	15.7	29.1	30.6	4.7
(%) Others	14.6	22.3	16.8	5.9

[3]College of Physicians and Surgeons, Manitoba
Vol. 22, No. 6, October 1986

Table III illustrates that of the 1,577 practitioners in Winnipeg, 56.9 percent are graduates of the University of Manitoba, 13.0 percent are graduates of other Canadian universities, and 30.3 percent are graduates of foreign universities.

Of the 103 practitioners in Brandon, 36.9 percent are graduates of the University of Manitoba, 11.7 percent are graduates of other Canadian universities, and 51.4 percent are graduates of foreign universities.

Of the 346 practitioners in rural Manitoba, excluding Brandon, 45.1 percent are graduates of the University of Manitoba, 7.5 percent are graduates of other Canadian universities, and 47.4 percent are graduates of foreign universities.

TABLE IV

Physicians in Active Practice - December 31, 1985[4]

Region*	Population**	General and Family Physicians		Specialists		Total	Physician/ Population Ratio
		Rural	Urban	Rural	Urban		
Central	93,308	61		6		67	1/1393
Westman	120,301						1/802
(Rural)	80,876	63		0		63	1/1284
(Urban)	39,425		41		46	87	1/454****
Eastman	81,211	49		2		51	1/1593
Norman	77,202	67		2		69	1/1119***
Interlake	71,664	43		10		53	1/1353****
Parkland	49,749	31		3		34	1/1464
TOTALS	**493,435**	**314**	**41**	**23**	**46**	**424**	**1/1164**
Winnipeg	622,150		713		803	1,516	1/411
Manitoba Including	1,115,585	1,068		872		1,940	1/575
Interns & Residents		150				2,090	1/534

[4]Standing Committee on Medical Manpower.

*See Figure I page 9.

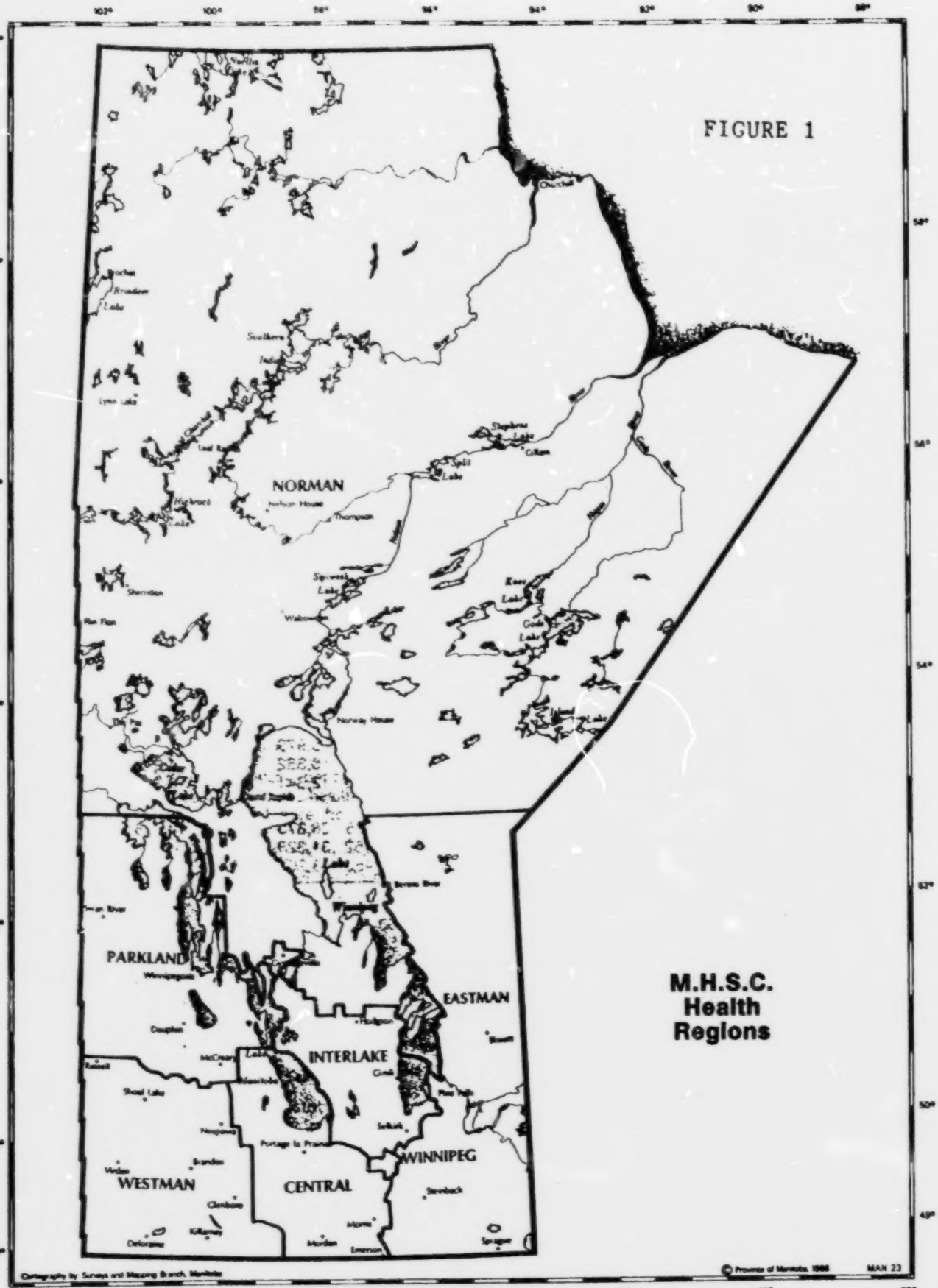
**Manitoba Health Services Commission registered population as of June 1, 1986

***Includes physicians employed by Northern Medical Unit.

****Includes physicians employed by Brandon Mental Health Centre - 1 psychiatrist.
Includes physicians employed by Selkirk Mental Health Centre - 6 psychiatrists.

The Standing Committee on Medical Manpower calculates that 2,090 physicians were in active practice in Manitoba as of December 31, 1986. This figure is inconsistent with the calculation of the College of Physicians and Surgeons of Manitoba, which lists 2,026 physicians in Manitoba (Table II). The College figure excludes 150 residents and interns and includes 44 retired physicians and 42 physicians, some serving as locum tenens.

FIGURE 1


NORMAN
PARKLAND
EASTMAN
INTERLAKE
WINNIPEG
WESTMAN
CENTRAL
M.H.S.C.
Health
Regions

A total of 424 physicians practice outside Winnipeg, 87 are in Brandon and 337 in rural Manitoba. Table IV shows the physician/population ratios per region and for Brandon, Winnipeg and Manitoba.

Physician/population ratios in rural Manitoba are favourable since a population of between 1700 and 2500 is required for a viable primary care practice. A total of 1,068 general practitioners, 872 specialists, and 150 residents and interns gives an overall physician to population ratio for Manitoba of 1:534. The population/physician is significantly greater for rural and particularly remote areas than for urban. These numbers represent a relative abundance of physicians in Winnipeg and Brandon with possibly an over-representation of some disciplines. Vacancies still exist in rural areas with the number of vacancies varying from month to month. The situation has improved however, as compared to several years past. Vacancies occur more frequently in Northern areas and are more difficult to fill on a long term basis.

WOMEN IN MEDICINE

Of all fully licenced physicians in Manitoba, 17.0 percent are women, up 14 in actual numbers in the past year. In Winnipeg, women comprise 18.4 percent of all physicians, in Brandon 11.7 percent and in rural Manitoba 12.4 percent. Of all hospital residents, 30.2 percent are women.

TABLE V

Number of Licenced Women Practitioners in Manitoba[5]

	Winnipeg	Brandon	Rural	Total	Residency
1982	213	8	44	265	51
1883	261	12	41	314	55
1984	251	12	45	308	59
1985	273	11	47	331	57
1986	290	12	43	345	51

[5]College of Physicians and Surgeons, Manitoba
Vol. 22, No. 6, October 1986

NEED FOR PHYSICIANS:

Rural Manitoba needs family physicians with training in obstetrics and/or anesthesia as well as radiologists and psychiatrists.

Small Manitoba communities, served by a single physician and in need of additional service, find it difficult to recruit Manitoba medical graduates or to retain foreign medical graduates. Young physicians do not favor rural practice. Of 23 physicians who completed the Family Practice Rural Residency Training Program at Seven Oaks General Hospital, only five are now practicing in rural Manitoba, while 12 are in Winnipeg and six are in other provinces.

The barriers to rural practice have been identified as:

(a) isolation from professional colleagues

(b) overwork resulting from public demand for continuous service

(c) lack of acceptable housing

(d) limited social and cultural amenities

(e) high cost of establishing a viable practice

(f) high cost of living, particularly travel for vacations, business or professional meetings

(g) difficulty of getting temporary replacements to permit travel or attendance at meetings

(h) lack of educational opportunities

(i) constraint on fee income and its potential for growth due to limitations of population

(j) lack of consultation service.

In addition, young physicians are influenced in choice of practice location by the opinions, preferences, and career goals of their spouses.

The development of walk-in clinics seems to mark a changing pattern in the practice of medicine. It is estimated that twenty-two (22) clinics are presently operating in Winnipeg. While these clinics in part at least add a substantial cost to the health care system, it remains to be established how much they will improve the quality of care or improve the standards of health.

They feel they are inadequately trained for rural practice and many are requesting additional training in obstetrics and anesthesia.

The Standing Committee on Medical Manpower believes that the advantages of rural practice must be brought to the attention of physicians during their undergraduate and residency training. The committee also believes that, if young physicians are to take personal satisfaction in rural practice, the University of Manitoba must be responsible for teaching the basic skills required in surgery, anesthesia and obstetrics.

Many small communities want itinerant physician services for their elderly residents. The Standing Committee believes that these services can be most effectively provided by visiting physicians from regional centres. Evidence for this belief is successful services in Killarney - Cartwright; Dauphin - Gilbert Plains; Morris - Dominion City; and Crystal City - Manitou - Pilot Mound.

Foreign medical graduates proceeding to firm job opportunities in rural Manitoba are being granted temporary entry permits for up to twenty-four months. Some tend to migrate to urban centres in Manitoba or elsewhere in Canada after they become permanent residents.

Although some Manitoba medical graduates have recently located in northern communities, these communities are still dependent on graduates of foreign medical schools. It will, therefore, remain necessary to recruit foreign medical graduates until more Canadians can be persuaded to accept practice in rural and remote areas.

SPECIALTY SERVICES TO RURAL MANITOBA:

A. Radiological Services:

Younger physicians locating in rural Manitoba are interested in providing for as many of the medical and surgical needs as is reasonably possible at the local level. This requires availability of more rapid and extensive diagnostic backup, including radiology. The mail-in of radiographs does not meet these needs and so they request that more on-site radiologists be provided. To compound this problem is the fact that some radiologists, both rural located and those who provide rural visitation services are reaching the point where they may expect to retire.

Although there is no immediate crisis, unless more radiologists willing to locate in rural Manitoba become available there may be problems ahead. The committee has approached the University of Manitoba Committee on Medical Education asking that training slots be made available to rural radiologists. The committee is concerned that none of those at present in the radiology training program are intending to locate in rural Manitoba.

*See Appendix A for copy of this agreement.

B. Psychiatric Consultative Services:

Psychiatric services are urgently needed in rural Manitoba. The Career Psychiatric Program, developed by Manitoba Health, provided additional residency training positions in psychiatry for physicians prepared to serve the province on completion of training. Five psychiatrists are currently returning service and five physicians are presently participating in the program.

C. Anesthesia Services:

The Department of Anesthesia, University of Manitoba, has conducted a six-months anesthesia program for family physicians since 1976. The program was started because of a need, in rural Manitoba, for physicians with anesthesia training. Under it the Manitoba Health Services Commission funds up to five residency positions (ten residents at six months) a year.

At December 31, 1986, 89 physicians had completed the program with 32 remaining in practice in rural Manitoba. Four physicians are currently enrolled in the program and are expected to complete their training in June 1987.

The Department of Anesthesia cooperates with the Standing Committee on Medical Manpower by advising applicants seeking admission to the program that they would be expected to agree to a return of service in rural Manitoba as a condition of funding. The committee is expected to monitor the commitment for return of service. All candidates accepted into the program since 1985 have been required to sign an agreement that they will practice in rural Manitoba for twice the period funded. Failure to do so calls for reimbursement of funds provided with interest.

The Family Practice Anesthetic Program was reviewed by the Department of Anesthesia in 1985 and it was suggested that it be extended to twelve months. The Committee expressed concern that physicians in rural Manitoba could not be expected to spend more than six months away from their practice for anesthesia training. Following meetings with the Department of Anesthesia, the Committee has been assured that the basic six-months program will remain available to physicians in practice in rural Manitoba. The Department of Anesthesia believes that experienced physicians do not need more than six-months postgraduate training in anesthesia for general practice requirements.

Physicians completing a rotating internship or family practice residency may need more than six-months postgraduate training. Therefore the anesthesia program has been revised to accommodate these physicians for up to 12 months.

There are no qualified fellowship anesthetists outside Winnipeg and Brandon. All anesthetic services in rural Manitoba are being provided by 108 general practitioners. It is therefore most important that the current six to twelve month anesthesia program be maintained.

See Appendix B for copies of the agreement and the report leading to the program revision.

INCENTIVE PROGRAMS:

The Standing Committee on Medical Manpower has in place an integrated system of incentives to encourage physicians and students to consider rural practice. The incentives also apply to selected medical specialties in which critical shortages may arise.

Rural Student Recruitment:

Since relatively few medical graduates from the University of Manitoba have entered rural practice in recent years the Standing Committee on Medical Manpower agreed with the College of Family Physicians that recruitment promotion should be directed to rural students. This decision was based on the assumption that they would be more likely than urban students to favour rural practice on graduation.

With the cooperation of the Committee for the Promotion of Rural Practice, College of Family Physicians of Canada, brochures promoting careers in rural medicine are made available to rural high school guidance counsellors. Counsellors also have applications from the Faculty of Medicine describing the selection process and setting out eligibility requirements. This literature is supported by posters for distribution to rural high schools and community areas frequented by students. Rural physicians cooperate by providing information and guidance on request.

Work Experience - First and Second Year Students:

The Standing Committee on Medical Manpower provides opportunities for selected first and second year medical students to gain appropriate work experience in rural and remote areas. The object is to encourage students to consider rural practice on graduation. A competitive stipend is paid to each student in addition to reimbursement for accommodation, return travel to the site and meals. Including supervision and travel, the program costs approximately $4,300 per student.

Students are instructed to gain understanding of the life and experience of a rural family physician in the office, in the community, on house calls and at home as well as in the hospital on ward rounds, in the operating theatre, in the emergency department and at committee meetings.

They are also instructed to familiarize themselves with community health facilities and health personnel such as public health nurses, social workers, health educators, mental health workers, ambulance attendants and pharmacists.

In 1986, eight students participated in the program. They and their preceptors were selected by Dr. E. Krause, Director, Undergraduate Medical Education; and Dr. G. Beazley, Professor and Head, Department of Family Medicine, Faculty of Medicine, University of Manitoba.

The students researched and wrote eight papers. The titles of these papers are:

1. Study of the Physician Crisis in the Town of Gladstone.
2. Physician Recruitment in The Pas.
3. Dauphin 1986 - Summer Work Experience.
4. Crisis, What Crisis? A Report on Rural Medicine in Manitoba.
5. Life as a Physician in Rural Manitoba: The Thompson Report.
6. Rural Practice in Crystal City, Manitoba; Advantages, Disadvantages and Suggesions for Physician Recruitment.
7. Summer Rural Family Practice Experience (Boissevain).
8. Medical Practice in Carman, Manitoba: A Report on the Incentive Program for Rural Areas.

Following a joint review with the Department of Family Medicine, University of Manitoba, the Committee has decided to continue to fund this program. Eight students will be accepted in 1987.

Loans to Third and Fourth Year Students:

Under this component of the incentive program, forgivable loans are offered to selected third and fourth year students provided they undertake to practice, on graduation, in a medically underserviced area.

The success or failure of the program will manifest itself within the next two years when several graduates become available for rural practice. Similar programs have been unsuccessful in some jurisdictions. A number of students withdraw because of the barriers to rural practice listed on page 11, but also because of the radical adjustment required of young physicians whose training emphasizes advanced technological procedures, sophisticated support services and highly trained auxiliary personnel. As less than one-quarter of Manitoba's loan recipients have withdrawn, there is evidently sufficient interest in the program to warrant its continuation.

Since 1981, fourty-one (41) loans were offered to a total of twenty-five (25) students. Of the twenty-five (25) students, seven withdrew from the program and repaid their loans with interest. Two entered rural practice July 1, 1985 and a third September 1, 1986. Fifteen are still in training. A physician can discharge full loan obligation by serving for four years in rural Manitoba.

See Appendix C for copy of the loan agreement with the Manitoba Health Services Commission.

Family Medicine - Community Medicine Rotation:

It is obligatory for fourth year medical students to take a six to eight-weeks primary care clerkship. Over 80 percent choose to take this clerkship in rural Manitoba. The cost, paid by the University of Manitoba, is approximately $900 per student of which $400 goes to the preceptor and the remainder to the student for lodging, travel and incidental expenses.

The program is subject to on-going review to determine whether it influences students in favour of rural practice. The Standing Committee endorses this program because it is often the only exposure to rural practice a medical student may have.

Rural Residency Program for Practicing Physicians:

Under this program the Manitoba Health Services Commission funds positions for rural physicians to take postgraduate training courses of from one to six months in specific specialties that will broaden their skills for rural and northern practice. The Department of Continuing Medical Education, Faculty of Medicine, University of Manitoba, arranges programs to suit each individual.

In 1986, twelve physicians participated in the program compared to seven in 1985.

See Appendix D for copy of the agreement.

The Standing Committee on Medical Manpower is encouraged by this response. Inquiries have come from physicians completing rotating internships or family practice residencies wanting additional training in anesthesia and obstetrics to fit them for rural practice. The Committee will consider applications from physicians who designate the community where they wish to practice and agree to return of service for twice the period funded.

Family Practice Residency Program:

Fourteen residents, training as family practitioners, were supported during their rotation period in a rural medical practice. The Standing Committee on Medical Manpower pays transportation costs and costs of accommodation.

Incentive Grants to Physicians Commencing Practice in a Designated Medically Underserviced Area:

A physician who has been approved by the Standing Committee on Medical Manpower and who establishes practice in an area designated by the Minister of Health as medically underserviced may apply for a contract with the Manitoba Health Services Commission giving him or her either a guaranteed net income or an income-tax-free incentive grant payable over a four-year period. A medically underserviced area may be geographic or be in a specialty with a shortage of practitioners.

See Appendix E for copies of agreements.

During 1984, a specialist in internal medicine, locating in Thompson, received an establishment grant, and in 1985, two physicians establishing practice in Lynn Lake were approved. One physician received an establishment grant and a guaranteed net income and the second physician was offered a guaranteed income.

PLACEMENT SERVICE:

The Standing Committee on Medical Manpower maintains a list of communities seeking physicians. This is circulated monthly to the Faculty of Medicine, University of Manitoba; to all hospitals, and to the Professional Association of Residents and Interns of Manitoba. A complementary list of physicians seeking practices is circulated to all communities in need of physicians.

The Chairman and the Executive Secretary visit communities in need of medical manpower to discuss local problems and assess inter-personal relationships. Experience has confirmed that effort must be made to match physician to community. The cooperation of hospital boards and community leaders must be enlisted to secure congenial circumstances and appropriate facilities for the physician proposing to establish a practice. Responsibility for obtaining a physician rests with the community.

LOCUM TENENS:

The provision of locum tenens services is an important aspect of successful recruitment and retention of rural physicians. Rural physicians require holiday relief and time off for continuing medical education.

During 1985, the Standing Committee on Medical Manpower established a locum tenens pool with a measure of success. Some retired physicians have provided a limited but welcome service.

Monthly listings of physicians seeking locum tenens are maintained and distributed. Rural communities are provided with lists of physicians prepared to serve as locum tenens. This service complements a locum tenens service maintained by the Manitoba Medical Association and both services work together.

The Professor and Head, Department of Family Medicine, University of Manitoba and Director, Family Practice Residency Programs at the Seven Oaks General Hospital, have arranged for second year residents to serve as locum tenens for rural physicians wishing to take the Anesthesia Residency Program.

Rural physicians have had difficulty recruiting Manitoba or Canadian medical graduates as locum tenens. In 1986, the Minister of Health waived the requirement for the Evaluating Examination for up to six months for five graduates of foreign medical schools to perform this necessary function for physicians in northern areas.

PROBLEMS INHERENT IN MANPOWER MALDISTRIBUTION:

Distribution of physician manpower in such a way that all Manitobans have reasonable access to needed physician services is a complex and constantly changing problem which calls for long-term planning, involving Manitoba Health, the Manitoba Health Services Commission and many groups outside government. The fundamental issues concern all provinces in Canada as well as most nations in the western industrialized world.

The Federal-Provincial Advisory Committee on Health Manpower has conducted a nation-wide study and its recent report on physician manpower covers the period 1980 to 2000.

IMMIGRATION POLICIES:

Physician immigration is a federal responsibility. Federal authorities, however, seek agreement with the chairman of the Standing Committee on Medical Manpower before approving physician entry to this province.

Under present policy, graduates of foreign medical schools are granted temporary entry permits for 24 months provided they are proceeding to a firm job opportunity in rural Manitoba, or a university education program.

Physicians wishing to locate as specialists may be considered for permanent entry provided their qualifications comply with the regulations of the Royal College of Physicians and Surgeons of Canada and provided they have either a university appointment or an appointment to an area of need as determined by the Standing Committee on Medical Manpower.

Before approving immigration of specialists or university appointees to Manitoba, Employment and Immigration Canada must have evidence that the position has been advertised in the Canadian Medical Association Journal, listed with the Standing Committee on Medical Manpower, and that no suitable Canadian is available.

Before 1983, foreign medical graduates from Commonwealth countries were admitted to Manitoba on the basis of their standing in their country of origin. Since August 6, 1983, however, an Order-in-Council amending The Manitoba Medical Act makes it mandatory for all immigrant physicians to pass the Medical Council of Canada Evaluating Examination before they can be registered in Manitoba. This examination can be taken twice a year at selected centres in the country of origin. Twelve graduates of foreign medical schools accepted temporary appointments in rural communities in 1986, compared to 14 in 1985. They are now serving in Elkhorn, Portage la Prairie, Leaf Rapids, Gillam, The Pas, Russell, Virden, Birtle and Crystal City.

In 1986, 33 foreign medical graduates were granted temporary entry to Canada for 12 months compared to 38 in 1985. In addition to the 12 in rural Manitoba, one is serving in the Northern Manitoba Medical Unit, 12 accepted university residency appointments and eight accepted appointments in Winnipeg and Brandon.

In 1986, eight of 18 graduates of foreign medical schools who applied for temporary entry for positions in rural Manitoba in 1985 were granted permanent immigrant status.

TABLE VI

Physician Immigration
Approved for Temporary Entry - 12 Months[6]

Year	Rural Manitoba	Northern Medical Unit	University of Manitoba Residencies	Urban Winnipeg Brandon	Total
1982	52	11	44	8	115
1983	21	7	42	12	82
1984	8	3	25	10	46
1985	14	4	13	7	38
1986	12	1	12	8	33
		Permanent Entry-Landed Immigrant Status			
1982	2	6	2*	0	10
1983	14	2	2*	3	21
1984	7	0	3*	3	13
1985	7	1	0	2	10
1986	8	0	0	3	11

[6]Standing Committee on Medical Manpower
*Staff Appointments

The number of foreign medical graduates eligible for registration and licensure in Manitoba has been affected by the introduction of the Medical Council of Canada Evaluating Examination.

This requirement was supported by the Standing Committee on Medical Manpower and the Government of Manitoba. Manitoba was the last province in Canada to require it. Manitoba still does not require all foreign medical graduates to have standing in the Licentiate of the Medical Council of Canada (LMCC) which is the basic examination required of Canadian graduates and is mandatory for immigrants in most other provinces either on admission or shortly thereafter.

It may seem overly restrictive to demand comprehensive internships and the evaluating examination before registration and licensure when rural Manitoba is so dependent on foreign medical graduates to meet its physician manpower needs. However, the Standing Committee on Medical Manpower believes that immigrant physicians should meet the educational requirement and training demanded of Canadian graduates.

REFUGEE PHYSICIAN TRAINING PROGRAM:

Manitoba Health, Employment and Immigration Canada, the College of Physicians and Surgeons of Manitoba, and the University of Manitoba, Faculty of Medicine have made available a special clerkship and internship program to assist Manitoba refugee physicians.

The program is designed to provide an avenue by which trained physicians who have been uprooted from their homelands by civil strife can find career satisfaction and contribute the benefits of their past training and experience to their adopted homes. No specific demand for services is asked of these physicians, but it is hoped that they will ultimately serve Manitoba in areas of relative need.

The program, approved for a four year period in 1984, provides for an intensive, two year training period. In the first year, spaces will be provided for four physicians in a schedule of supervised clinical experience similar to the final year of medical school. The four physicians will be allowed to write the LMCC qualification examination at the same time as the 4th year students with whom they are studying. In the second year, refugee physicians who pass the LMCC and otherwise qualify will enter the regular internship program at a teaching hospital. On satisfactory completion of this second year of training, the physicians will be fully licensed for practice and subsequent specialty training. During the clerkship and internship years, candidates will be supervised and evaluated by the same process applying to regular final year students and interns in the Faculty of Medicine, University of Manitoba.

Physicians in the training program will be jointly supported by federal and provincial funding. Employment and Immigration Canada provides training allowances during the fourth year clerkship. Manitoba provides an allowance during the clerkship and funds physicians during internship.

To qualify, physicians must be proficient in English, be true residents of Manitoba, as at November 1, 1984, or be directed here as refugees by Employment and Immigration Canada, must have passed the Evaluating Examination of the Medical Council of Canada and be registered with the College of Physicians and Surgeons of Manitoba. The University of Manitoba provides limited assistance to physicians preparing for this examination.

All qualified applicants are screened by a committee of the Faculty of Medicine, University of Manitoba. Because the numbers of applicants is restricted refugee physicians landed in other Canadian provinces or territories are not eligible for the program.

STANDING COMMITTEE ON MEDICAL MANPOWER

SCHEDULE OF EXPENDITURES

FOR THE YEAR ENDED DECEMBER 31, 1986

1.	Summer Work Experience - First and Second Year Medical Students	$ 31,700
2.	Incentive Loans - Third and Fourth Year Medical Students	54,000
3.	Rural Residency Program	67,721
4.	Incentive Grants to Physicians Beginning Services in a Designated Underserviced Area	8,750
5.	Family Practice Resident's Program	16,256
6.	Administrative Costs - Quarterly meetings Travel, Advertising, etc.	9,375
7.	Family Medicine Clerkship Program	35,000
	TOTAL EXPENDITURE.....	$222,802

APPENDIX A

AGREEMENT FOR VISITING CONSULTANT RADIOLOGY SERVICES

RURAL HOSPITALS

THIS AGREEMENT, between

and

The _____ Hospital
_____(address)
_____

and The Manitoba Health Services Commission
Laboratory and X-Ray Services Division
599 Empress Street, Winnipeg
(hereinafter called the "Commission")

WHEREAS the Hospital requires the professional services of a consultant radiologist; and

WHEREAS the radiologist has agreed to carry out the duties and responsibilities of a radiologist at the hospital herein named, on a visiting basis; and

In consideration of these services, the radiologist will bill fees for service to the Manitoba Health Services Commission in accordance with the schedule currently in effect as published in the Physician's Manual;

IT IS HEREBY AGREED THAT:

1. The radiologist will be appointed to the hospital staff as a consultant and will have the rights and privileges pertaining thereto, and be governed by the bylaws, rules and regulations of the medical staff of the hospital;

2. Subject to By-Law number 3B under Section 40(2) of The Medical Act, the Director of a facility shall apply in the required form to the registrant of the College of Physicians & Surgeons for recognition of a facility as an approved faculty.

3. That the radiologist will attend at the hospital for the purpose of carrying out his duties and responsibilities once in each week on a day mutually agreed upon by the radiologist, the medical staff, and the hospital administration. (Details in this Section should express the specific arrangements that have been agreed upon).

4. A mail-in interpretation service or the use of technical transmission devices may be agreed upon if there are not procedures to be done at the hospital that require the presence of the radiologist; it being provided that the radiologist will attend at the hospital at least once in each year to review the organ imaging facilities.

...2

5. In addition to his professional services in the supervision and carrying out of organ imaging procedures and their interpretations, the radiologist will make himself available on a mutually agreeable schedule for consultation with local physicians; he will provide appropriate professional direction and education for the technical staff; and he will make recommendations in writing to the hospital administration and the director of the laboratory and x-ray division of the Manitoba Health Services Commission with respect to those things that in his opinion would improve the operation of the organ imaging services in the hospital.

6. If the radiologist is unable, on occasion, to personally attend at the hospital, it is agreed that he will try to supply a substitute, and this will be acceptable to the hospital on a temporary basis.

7. If the radiologist does his interpretations and dictates his reports on site, the hospital will supply the secretarial service for typing these reports. If the interpretations are done elsewhere, the secretarial service is the responsibility of the radiologist, since his consultant reports are required to be supplied to the physician and the hospital in writing.

8. The term of this agreement is two years from the date of its signing, and shall remain in force and effect from year to year thereafter, unless written notice to the contrary is given by any one of the three parties hereto, subject to item 9.

9. Notice of termination of this agreement may be given by any one of the three parties to it by notice sent by registered mail to the other parties not less than 12 months before the requested termination date. The time limits may be altered by mutual agreement between all three parties.

10. IN WITNESS WHEREOF the parties hereto have executed this agreement on the _____ day of _____, 19___.

_____	_____
Witness	Physician
_____	_____
Witness	The Hospital
_____	_____
Witness	Executive Director Manitoba Health Services Commission

APPENDIX B

SHORT TERM ANESTHESIA TRAINING PROGRAM

MEMORANDUM OF AGREEMENT

THIS AGREEMENT is made in duplicate BETWEEN:

_____ M.D.

_____
(hereinafter called the "physician")

OF THE FIRST PART

-and-

The Manitoba Health Services Commission
(hereinafter called the "Commission")

OF THE SECOND PART

In consideration of six months funding under the Family Practice Anesthesia Training Program at the University of Manitoba, IT IS HEREBY AGREED THAT:

1. Upon completion of this training, the physician shall

   (a) proceed expeditiously to enter into the practice of medicine in an approved rural community in Manitoba, or

   (b) Immediately repay to the Commission the entire amount funded to him/her under this Agreement, net of income tax paid, together with interest thereon at the rate provided for in this agreement.

FORGIVENESS OF AMOUNT FUNDED

2. (a) Beginning on the date in which the physician commences practice in an approved rural community in Manitoba designated by the Commission, the obligation for repayment of the amount funded pursuant to this Agreement shall be forgiven at the rate equivalent to one month residency funding for every two months that the physician continues to practice in the approved rural community.

   (b) Should the physician cease to practice in an approved rural community in Manitoba prior to the entire amount funded being forgiven, then the balance of the amount funded shall immediately be due and payable, together with interest accrued thereon.

...2

INTEREST ON LOAN

3. (1) If the physician continues to practice in an approved rural community of Manitoba designated by the Commission for a sufficiently long period of time such that the principal amount funded is entirely forgiven, then the interest chargeable on the amount funded shall be totally forgiven;

(2) To the extent that the principal amount funded is not forgiven through the remission schedule specified in Section 2, interest shall accrue on the funds advanced pursuant to this Agreement from the date that they are advanced to the physician;

(3) For the purposes of determining interest payable, the earliest funds advanced to the physician under the terms of this Agreement shall be the first to be forgiven by practice in an approved rural community in Manitoba designated by the Commission;

(4) The rate of interest on all monies advanced under the terms of this Agreement shall be equivalent to the prime lending rate charged by chartered banks in Winnipeg on the date that the physician becomes obliged under terms hereof to make repayment to the Commission.

IN WITNESS WHEREOF the parties have executed this agreement on the _____ day of _____, 19___.

_____ Witness

_____ Physician

_____
Executive Director
Manitoba Health Services Commission

APPENDIX B

RE 'IEW - FAMILY PRACTICE ANESTHESIA PROGRAM

It is known that there are not enough trained specialist anesthetists in Manitoba or Canada to provide anesthetic services to the total population.

The deficiency is greatest in rural areas where for geographic, economic and academic reasons specialist anesthetists are reluctant to locate. The general practitioner anesthetist has been recruited to supply the service in these areas. In the past these practitioners have often learned by doing, sometimes at the patients expense.

In Manitoba we have had a formally organized general practice anesthesia training program since 1976. Approximately seventy graduates have moved into practice positions. Fifteen of those are still actively providing anesthetic services almost exclusively in rural areas. Ten have returned to full residency programs, another fifteen have left the country, and another fifteen maintain general practice without anesthesia service.

Graduates of the program tend to return for continuing education centrally and also locally to a greater degree than their lesser trained predecessors. On site visits to many rural hospitals has confirmed that the placement of these graduates has resulted in a marked improvement in the quality of anesthetic services. Often this has been noticeable enough to hospital and community to provoke the voluntary withdrawing of anesthesia by untrained practitioners.

In many rural hospitals, the practitioner in anesthesia is expected to provide leadership and consultation services to the local I.C.U. and C.C.U. Many of them read the local EKG's.

Our present course consists of 4 months clinical anesthesia, one month pediatric anesthesia and one month obstetric anesthesia. A seminar program of 15 sessions covers most anesthetic topics using a lecture format with a distinct clinical emphasis.

Evaluation of trainees has been by concensus clinical assessment plus an end of term review examination. In a few instances we have withheld approval to practice anesthesia where the concensus judgement indicated that this was necessary.

A.C.U.D.A. has for some years recommended that the minimum training for anesthesia practitioners be one year. In a survey of Canadian Departments of Anesthesia, twelve out of sixteen offer a course in anesthesia for family practitioners. Quebec has been the exception in the last ten years. A total of 50 per year are being trained. Two departments now have one year programs, three more are in the process of changing from six months to one year. Funding is a problem in many provinces because positions are under siege. The results of the survey is appended.

Currently we are training five at a time or ten/year. This is probably more than the long term need for Manitoba requires. Funding is from MHSC through the University. Their interests dictate that trainees show some likelihood of staying in Manitoba in order to be funded.

Our recommendations to the Education Committee is to add another six month component to the program to begin in 1985. Clinical time components would consist of:

6 Months Clinical Anesthesia
- 2 months H.S.C.
- 2 months St. Boniface Hospital
- 2 months Grace Hospital

1 month Pediatric Anesthesia
1 month Obstetric Anesthesia
2 months I.C.U. and C.C.U.
1 month Emergency Medicine
4 weeks vacation

The seminar program would be expanded to include 25 sessions. Five/year would be in the program. It is recommended that at least six months of this be applicable to a full residency training if that course is subsequently chosen.

APPENDIX C

- MEDICALLY UNDERSERVICED AREAS -
PROVINCE OF MANITOBA - LOANS
THIRD AND FOURTH YEAR STUDENTS -
FACULTY OF MEDICINE
MEMORANDUM OF AGREEMENT

This Agreement made in duplicate between

_____

_____

(hereinafter called the "student"),

OF THE FIRST PART,

- and -

THE MANITOBA HEALTH SERVICES COMMISSION
(hereinafter called the "Commission"),

OF THE SECOND PART.

In consideration of a loan of $_____ of which $_____ will be advanced on the execution of this Agreement and the balance on _____ and the mutual covenants and agreements contained in this agreement, the parties agree as follows:

1. It is an express condition precedent to this Agreement that the student is in good standing and enrolled in the _____ year (third or fourth) of the program of the Faculty of Medicine of the University of Manitoba leading to a degree of Doctor of Medicine.

2. Upon graduating from the University of Manitoba with a degree of Doctor of Medicine and completing the service in Manitoba in an intern capacity necessary in order to be eligible for registration with the College of Physicians and Surgeons of Manitoba, the student shall:

   (a) immediately apply to be registered with the College of Physicians and Surgeons of Manitoba and within 3 months of being so registered commence practice in a medically underserviced area of Manitoba designated by the Commission; or

   (b) enter into post-internship training in Manitoba, not to exceed 2 years in length unless approved by the Standing Committee on Medical Manpower, and within 3 months of completion of same commence practice in a medically underserviced area in Manitoba designated by the Commission. A student is only entitled to follow this course of action if, prior to entering into post-internship training, he has provided the Commission with written confirmation that the Standing Committee on Medical Manpower is of the opinion that the post-internship training fulfills the intent of the incentive program; (If the post-internship training is to be in family practice, then the student shall not be obliged to obtain the written confirmation from the Standing Committee on Medical Manpower); or

   (c) immediately repay to the Commission the entire amount loaned to him or her under the terms of this agreement, together with interest thereon at the rate provided for in this agreement.

...2

3. If the student is unable to follow the course of action outlined in clause 2(b) because the Standing Committee on Medical Manpower is of the opinion that the post-internship training proposed by the student is not consistent with the intent of the incentive program; then the student shall forthwith follow either of the courses of action set forth in clause 2(a) or 2(c).

FORGIVENESS OF LOAN

4. Beginning on the date on which the student commences practice in a medically underserviced area of Manitoba designated by the Commission, the obligation for repayment of the loan made pursuant to this Agreement shall be forgiven at the rate of $1125 for every 3 months that the student continues to practise in the medically underserviced area.

5. Should the student:

(a) fail within a reasonable time to graduate from the University of Manitoba with a degree of Doctor of Medicine, or to complete the internship necessary in order to be registered with the College of Physicians and Surgeons of Manitoba; or

(b) pursuant to clause 2(b) enter upon post-internship training and fail to successfully complete same; or

(c) cease to practise in the designated medically underserviced area in Manitoba prior to the entire loan being forgiven, then, the balance of the loan shall immediately be due and payable, together with interest accrued thereon.

INTEREST ON LOAN

6. (1) If the student continues to practise in the medically underserviced area of Manitoba designated by the Commission a sufficiently long period of time such that the principal amount of the loan is entirely forgiven, then the interest chargeable on the amount loaned shall be totally forgiven;

(2) To the extent that the principal sum of the loan(s) is not forgiven through the remission schedule specified in Section 4, interest shall accrue on the funds loaned pursuant to this Agreement from the date that they are advanced to the student;

(3) For the purposes of determining interest payable, the earliest funds advanced to the student under the terms of this Agreement shall be the first to be forgiven by practice in a medically underserviced area in Manitoba designated by the Commission;

(4) The rate of interest on all monies loaned under the terms of this Agreement shall be equivalent to the prime lending rate charged by chartered banks in Winnipeg on the date that the student becomes obliged under terms hereof to make repayment to the Commission.

NOT CONTRACT OF EMPLOYMENT

7. The student and the Commission agree that this Agreement does not constitute a contract of employment.

...3

ALTERNATE AREA OF PRACTICE OR SERVICE

8. In the event that there is no area of the Province of Manitoba designated as medically underserviced at the time the student is ready to enter practice, the Commission shall specify an alternate area of the Province in which to practise or an alternate form of service that will qualify for remission under the terms hereof. Should the student not wish to accept the alternatives presented by the Commission, then, the entire amount of the loan together with interest thereon shall be due and payable to the Commission, and the student shall forthwith make payment of same to the Commission.

NOTICE

9. Where notice is required to be given under the terms of this Agreement it shall be in writing and delivered or sent by registered mail to the Commission at the following address:

Box 925
599 Empress Street
Winnipeg R3C 2T6

or, to the student at the following address:

_____
_____
_____

The student shall, not later than 3 months after obtaining his degree of Doctor of Medicine from the University of Manitoba send to the Commission notice indicating which of the alternatives set forth in paragraph 2 hereof, he intends to select. If the student subsequently wishes to select another alternative, he shall forthwith send the Commission notice of his intention to do so.

COMMISSION TO DESIGNATE AREAS OF PROVINCE

10. The Commission subject to paragraph 8 shall designate medically underserviced areas in the Province. Where more than one medically underserviced area has been designated, then the student shall have the right to select his preference.

REDUCTION IN ESTABLISHMENT OF PRACTICE GRANT

11. The student acknowledges that the maximum amount of any subsequent establishment of practice grant shall be reduced by a sum equivalent to the amount of monies loaned under the terms hereof.

IN WITNESS WHEREOF the parties hereto have executed this Agreement on the _____ day of _____, 19___.

_____
Witness

_____
Student

_____
Executive Director
MANITOBA HEALTH SERVICES COMMISSION

APPENDIX D

GRANTS IN AID OF SHORT TERM TRAINING

RURAL RESIDENCY PROGRAM
STANDING COMMITTEE ON MEDICAL MANPOWER

THIS AGREEMENT made in duplicate BETWEEN:

_____, M.D.
_____

(hereinafter called the "physician") OF THE FIRST PART

- and -

The Manitoba Health Services Commission
(hereinafter called the "Commission") OF THE SECOND PART

HEREBY AFFIRMS THAT:

1. The physician has applied to the Standing Committee on Medical Manpower, representing the Manitoba Health Services Commission to provide payment to him/her for a period of _____ months under the terms of the Rural Residency Program, to take post-graduate training at the University of _____, consisting of:

_____ _____
(Course) (Duration)

2. And he/she has agreed that on completion of this training he/she will proceed expeditiously to enter into the practice of medicine at _____.

3. The physician has applied to the Standing Committee on Medical Manpower for financial support under the Rural Residency Program by way of a stipend for a period not exceeding six months, payable monthly at the rate of $_____ per month.

4. The Standing Committee on Medical Manpower has approved this training and will grant the financial support as requested by the physician with the first payment payable on or about _____.

...2

5. Beginning on the day on which the physician commences to practice medicine in an approved rural community in Manitoba the grant made under this agreement will be forgiven at a rate of $1,249.22 of the total grant each month during the continuance of the practice, until it is fully forgiven.

6. Should Dr. _____ cease to practice in the approved rural community before the amount of the grant is fully forgiven, the portion remaining shall be immediately due and payable, together with interest on the unpaid balance from the date of the first stipendiary payment under the grant until the date of repayment, at the prime bank loan rate in Winnipeg on the settlement date.

8. In Witness Whereof the parties hereto have executed this Agreement on the _____ day of _____, 19___.

_____
Witness

_____
Physician

_____
Executive Director
MANITOBA HEALTH SERVICES COMMISSION

MANITOBA HEALTH SERVICES COMMISSION
INCENTIVE PROGRAM FOR PHYSICIANS
MEDICALLY UNDERSERVICED AREAS
PROVINCE OF MANITOBA

APPENDIX E

ESTABLISHMENT OF PRACTICE AGREEMENT

This Agreement made in duplicate

BETWEEN:

THE MANITOBA HEALTH SERVICES COMMISSION
(hereinafter called the "Commission"),
OF THE FIRST PART'

- and -

_____
(hereinafter called the "Practitioner"),
OF THE SECOND PART.

This Agreement witnesseth that, subject to the terms and conditions hereinafter seet out, the parties hereto agree as follows:

TERM OF AGREEMENT

1. The term of this Agreement shall be a period of 12 months from the date that the Practitioner begins to practice in the medically underserviced area in Manitoba designated by the Commission under the terms hereof.

PAYMENT TO PRACTITIONER

2. The Commission agrees:

(a) to pay to the Practitioner the sum of $_____ every 3 months during the term of this Agreement and the term of any renewal thereof, beginning 3 months from the date on which the Practitioner commences practice in the medically underserviced area in Manitoba designated by the Commission under the terms hereof.

(b) the total amount paid to the Practitioner by the Commission under the terms of this Agreement and any renewal thereof shall not exceed the sum of $_____.

3. The Practitioner agrees:

(a) to commence practice on the _____ day of _____ in the medically underserviced area of the Province designated by the Commission and more particularly described as follows:

_____
_____

(b) to continue to practice on a full-time basis in the medically underserviced area described above for the term of this Agreement and any renewal thereof.

(c) that if the Practitioner receives grant monies paid pursuant to this Agreement and fails to continue to practice on a full-time basis as required under the terms of this Agreement, for the period in regard to which the grant monies were paid, those monies shall constitute a debt due and owing to the Manitoba Health Services Commission and shall be repayable to the Commission upon demand.

...2

VACATION TO BE INCLUDED AS PART OF CONTINUOUS PRACTICE

4. The parties agree that the Practitioner shall be entitled during the term of this Agreement and any 12 month renewal thereof, to take a vacation not exceeding 4 weeks, without having that vacation construed as an interruption with the Practitioner's obligation to practice on a continuous basis.

TERMINATION OF AGREEMENT

5. The Practitioner agrees that the Commission shall have the right to terminate this Agreement on 30 days notice where the Commission has decided that the manner in which the Practitioner is conducting his practice is not satisfactory. Prior to making a decision as to whether the service provided by the Practitioner is satisfactory, the Commission shall first consider a report and recommendation from a committee of not less than 3 persons appointed by the Chairman of the Standing Committee on Medical Manpower established at the request of the Commission. It shall be the obligation of the committee to make the report after due inquiry into the matter of the manner in which the Practitioner was conducting his practice.

NOT CONTRACT OF EMPLOYMENT

6. The parties agree that this Agreement does not constitute a contract of employment of service and that it is solely an Agreement to provide for the establishment of practice incentive grant funds to the Practitioner on fulfillment of the Agreement and covenants contained herein.

EARLY TERMINATION BY MUTUAL CONSENT

7. The parties hereto may, by mutual agreement, terminate this Agreement at any time. Should either party wish to terminate the Agreement, it shall give notice of its desire to do so to the other party. The other party shall then consider the request and give notice as to whether it is willing to terminate the Agreement and, if so, on what basis.

NOTICE

8. Where notice is required to be given pursuant to the terms of this Agreement it shall be in writing and sent by registered mail or delivered:

to the Commission at:

Manitoba Health Services Commission
599 Empress Street
Winnipeg, Manitoba
R3C 2T6

to the Practitioner at:

_____
_____ ("address")

_____ _____

Witness Practitioner

MANITOBA HEALTH SERVICES COMMISSION

Per: _____

APPENDIX E

AGREEMENT FOR GUARANTEED ANNUAL NET PROFESSIONAL INCOME

MEDICAL

THIS AGREEMENT made in duplicate

BETWEEN:

MANITOBA HEALTH SERVICES COMMISSION
(hereinafter referred to as the "Commission"),

OF THE FIRST PART

- and -

a legally qualified medical practitioner in Manitoba
(hereinafter referred to as the "Practitioner"),

OF THE SECOND PART

WHEREAS the Practitioner has agreed to establish or to join a private general practice in medicine on a full-time basis for the purpose of providing medical services to the public in an area designated by the Commission as an underserviced area;

AND WHEREAS the Commission has agreed to guarantee the Practitioner a net professional income of per annum to be derived from his medical practice in accordance with the provisions of this Agreement;

NOW THIS AGREEMENT WITNESSETH that in consideration of the mutual covenants and agreements hereinafter contained the parties hereto mutually covenant and agree as follows:

1. (1) The Practitioner shall prior to establishing his private general medical practice or joining a general practice hereinafter referred to as "the practice" submit to the Commission the following information:

(a) details of his proposed total staff and the salaries to be paid to them;

(b) details of the office equipment and furnishings required for the practice;

(c) the amount of rent for the office; and

(d) details of the vehicle used in the practice.

...2

(2) The Practitioner shall obtain the written approval of the Commission prior to making any legal commitment to hire staff and to entering into any arrangement for office accommodation and equipment.

2. The Practitioner will practice at _____ and he will be solely and completely responsible for all matters arising out of or resulting from his practise of medicine.

3. (1) The Commission in its discretion may make an advance payment to the Practitioner during the term of this Agreement.

(2) The advance payment shall be repaid by the Practitioner at the expiration or termination of this Agreement, or the amount of the advanced payment may be set off against any claim made by the Practitioner respecting the guaranteed net professional income as agreed herein.

4. The Commission and the Practitioner agree:

(a) that all fees or accounts receivable arising out of the practice are payable to and are the sole property of the Practitioner;

(b) that all debts and liabilities arising out of the practice are the sole responsibility and liability of the Practitioner; and

(c) that the proprietary interest in and the liability of the practice are vested solely in the Practitioner.

5. (1) The Practitioner shall:

(a) maintain a daily journal and he shall record therein the particulars of the professional services provided by him;

(b) maintain accurate and current financial records of all accounts rendered for professional services and the amounts received in payment thereof;

(c) maintain accurate and current records of all business transactions related to the practice;

(d) maintain a separate bank account for these purposes;

(e) submit his accounts for professional services rendered to the Commission or its successor;

(f) submit to the Commission for each of the first 5 months of the term of this Agreement statements of receipts and payments; and

(g) submit to the Commission at the end of the Agreement year, financial statements respecting the practice.

...3

(2) The Practitioner covenants that all financial records and business transactions of the practice shall be open for inspection at all reasonable times by the Commission or any agent it designates.

(3) The Practitioner agrees that all financial records and books of account will be subject to audit by the Financial Officers of the Commission before final settlement is made.

6. (1) The Commission and the Practitioner agree that the Practitioner's annual professional income and expenditures shall be calculated on an accrual basis and that any inventory shall be evaluated and included in the calculation of the annual professional income.

(2) The Commission and Practitioner agree:

(a) that the Practitioner's annual net professional income shall be calculated on the Practitioner's gross total professional income less authorized practice expenses and deductions;

(b) that the Commission or any agent it designates retains the right to disallow any expenses and deductions which in the opinion of the Commission appear excessive or unreasonable having regard to the nature of the practice; and

(c) convention and course expenses will be subject to the provision specified in clause b of sub-section 2 of section 6 and receipts for these will be required.

(3) The Commission agrees, at the expiration of the term of this Agreement to pay to the Practitioner the audited difference between the Practitioner's net professional income as calculated herein and such a sum as to ensure a guaranteed net professional income to the Practitioner of _____.

(4) The Commission agrees that the Practitioner is entitled to an annual vacation of four weeks during the term of this Agreement.

(5) This Agreement is for a term of one year commencing on _____ _____ and ending on _____.

(6) Where this Agreement is terminated under the provisions of subsection 7(1) or subsection 7(2) the Commission shall have no obligation to make any payment to the Practitioner regarding the guarantee of his professional income, except for payments made pursuant to section 8.

...4

7. (1) The Commission and the Practitioner agree that this Agreement may be terminated by the Commission on thirty days written notice to the Practitioner where:

   (a) false statements are made in any documents or records required of the Practitioner;

   (b) following a review and report prepared on the request of the Commission, by an ad hoc committee appointed by the Chairman of the Standing Committee on Medical Manpower, the Commission is of the opinion that the services rendered to the Practitioner's patients are not satisfactory or the business or the professional conduct of the Practitioner is not satisfactory;

   (c) the Practitioner does not comply with the terms of this Agreement.

   (2) The Commission and the Practitioner further agree that this Agreement shall become null and void where:

   (a) the Practitioner becomes bankrupt; or

   (b) the Practitioner is found to be guilty of professional misconduct; or

   (c) the Practitioner's license to practice is suspended or cancelled; or

   (d) the Practitioner becomes disabled through illness, accident or any cause whatsoever so as to be unable to provide full-time professional services in the designated area for a period of two consecutive months.

   (3) The written notice of termination of this Agreement shall be sent by registered mail to the Practitioner at his office address and such notice shall be deemed to have been received on the fifth day after the date of mailing.

8. Where this Agreement has been voided under clause 7(2)(d) the Commission shall pay to the Practitioner a sum that shall be prorated on a monthly basis in such amount as the sum of _____ per annum bears to the number of months of service rendered by the Practitioner under this Agreement.

9. The Minister and the Practitioner mutually acknowledge that this Agreement is not a contract of employment nor is to be construed as such.

...5

10. The Minister and the Practitioner agree that the monetary rights secured hereunder are unassignable except with the prior written consent of the Commission or any agent he designates.

IN WITNESS WHEREOF the Parties hereto have executed this Agreement on the

_____ day of _____.

SIGNED, SEALED AND DELIVERED in the presence of

MANITOBA HEALTH SERVICES COMMISSION, as represented by:

_____

The PRACTITIONER

_____